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LEGISLATIVE RESOURCE CENTER  
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2015 MAY 15 PM 2:03

Form A

For Use by Members, Officers, and Employees

**UNITED STATES HOUSE OF REPRESENTATIVES**

**2018 FINANCIAL DISCLOSURE STATEMENT**

Name: Mike Quigley — Daytime Telephone: 202-225-4061

*MC*  
U.S. HOUSE OF REPRESENTATIVES  
(Official Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>IL</u> District: <u>5</u>	Officer or Employee: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2018 Annual (Due: May 15, 2019)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

- A. Did you, your spouse, or your dependent child:
- Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?  Yes  No
  - Receive more than \$200 in unearned income from any reportable asset during the reporting period?
- B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
- C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/RA distributions) of \$200 or more during the reporting period?
- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
- E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?  Yes  No

G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?  Yes  No

H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?  Yes  No

I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?  Yes  No

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?  Yes  No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three basis for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.  Yes  No

## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

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**SCHEDULE C – EARNED INCOME**

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Use additional sheets if more space is required.

**SCHEDULE D – LIABILITIES**

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**Report** liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. **Mark the highest amount owed during the reporting period.** **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. **Report a revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP DC/IT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
IT	Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property Dover, DE				\$10,001-\$15,000						
IT	Congressional Federal Credit Union		8/16	Mortgage on Residence				\$15,001-\$50,000						
IT	Congressional Federal Credit Union		8/16	Mortgage on Residence				\$50,001-\$100,000						
IT	Congressional Federal Credit Union		8/16	Mortgage on Second Residence		x		\$100,001-\$250,000						
IT	Congressional Federal Credit Union		8/16	Mortgage on Second Residence	x			\$250,001-\$500,000						
IT	Congressional Federal Credit Union		12/11	Revolving Charge Account (note1)	x			\$500,001-\$1,000,000						
IT								\$1,000,001-\$5,000,000						
IT								\$5,000,001-\$25,000,000						
IT								\$25,000,001-\$50,000,000						
IT								Over \$50,000,000						
IT								Over \$1,000,000* (Spouse/DC Liability)						

**SCHEDULE E – POSITIONS**

**Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions, solely of an honorary nature.**

Use additional sheets if more space is required.

## **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: \_\_\_\_\_

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$300 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source		Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
Examples:						
Government of China (MEDEA)		Aug. 8-11	DC-Beijing, China-DC	Y	Y	N
Habitat for Humanity (Society Assistance)		Mar. 3-4	DC-Boston-DC	Y	Y	

Use additional sheets if more space is required.

**FILER NOTES  
(Optional)**

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NOTE NUMBER	NOTES
1	Revolving Charge Account paid off in 2019

Use additional sheets if more space is required.